

# **STRATEGIC FRAME WORK UGANDA**

**Managing HIV and AIDS in the  
Workplace**

**A Joint Development Project between STOP AIDS NOW!  
and Counterpart Development Organisations in Uganda**

**November 2005**

## Colophon

Publication: November 2005  
STOP AIDS NOW!  
Keizersgracht 390  
1016 GB Amsterdam – The Netherlands

1. Spencer Birungi, Project Coordinator, SAN! Project-Uganda,  
E-mail: [spencer@acord.or.ug](mailto:spencer@acord.or.ug)
2. Dr. Harriet Kivumbi Nkalubo,  
OI RST in ECA-HIV/AIDS Policy Coordinator,  
[Hnkalubo@oxfam.org.uk](mailto:Hnkalubo@oxfam.org.uk)
3. Yvette Fleming, Project Manager,  
STOP AIDS Now!  
E-mail: [Yfleming@stopaidsnow.nl](mailto:Yfleming@stopaidsnow.nl)

Part of STOP AIDS NOW! Development Project  
Managing HIV and AIDS at the Workplace  
Chair: Anny Peters, Oxfam Novib Netherlands  
Project Coordinator: Yvette Fleming, STOP AIDS NOW!

## Table of Contents

<b>1.</b>	<b>Introduction and Background.....</b>	<b>5</b>
1.1	Response to HIV/AIDS in Uganda .....	5
1.2	HIV and AIDS as a Workplace Issue .....	6
1.3	Project Goal and Objectives .....	6
<b>2.</b>	<b>Project Development .....</b>	<b>6</b>
2.1	Project Rationale .....	6
2.2	Project Approach .....	9
2.3	Project Planning Process .....	9
<b>3.</b>	<b>Project Implementation.....</b>	<b>10</b>
3.1	Project Scope .....	10
3.2	Project Implementation Guiding Principles.....	10
3.3	Project Capacities and linkages .....	11
<b>4.</b>	<b>Project Funding and Management Plan .....</b>	<b>11</b>
4.1	Project Support Activities.....	12
4.2	Knowledge Management Plans .....	12
<b>5.</b>	<b>Project Management Structure .....</b>	<b>13</b>
5.1	The Local Project Group (LPG).....	13
5.2	Project Sustainability .....	13
	<b>References.....</b>	<b>14</b>
	<b>Annex: SAN! Project Log frame.....</b>	<b>145</b>

## **Abbreviations**

<b>ABC</b>	Abstain from sex, Be faithful and Condom use
<b>ACORD</b>	Agency for Co-operation and Research in Development
<b>AIDS</b>	Acquired Immune -Deficiency Syndrome
<b>ARV</b>	Anti Retroviral Drugs
<b>CDRN</b>	Community Development Resource Network
<b>GIPA</b>	Greater Involvement of People Living with HIV/AIDS
<b>HIV</b>	Human Immune Deficiency Virus
<b>LPG</b>	Local Project Group
<b>NGO</b>	Non Governmental Organization
<b>OI</b>	Oxfam International
<b>PLWA</b>	People Living with HIV/AIDS
<b>SAN</b>	STOP AIDS NOW!
<b>TTP</b>	Tripartite Training Program
<b>UCS</b>	Uganda Catholic Secretariat
<b>VCT</b>	Voluntary Counseling and Testing

## **I. Introduction and Background**

The global pandemic rates have been and are still on the increase. According to the UNAIDS report (2004), 36-46 million people were estimated to be living with HIV/AIDS world wide, and nine out-of ten are adults in their productive prime. Sub Saharan Africa, with only 10% of the worldwide population has close to 30 million people living with HIV/AIDS. This is 75% of the worldwide burden of HIV/AIDS More than 20 million people have already died of AIDS related illnesses since the onset of the epidemic. HIV/AIDS epidemic undermines economic activity and social progress and threatens livelihoods, reduces productivity, and worsens the cycle of poverty and suffering.

Within the world of work, HIV/AIDS has had a negative impact on the work force. According to ILO 2004 report, 37 million people of working age had HIV / AIDS by the end of 2004 and it was estimated that by the end of 2005, as many as 37 million workers were infected. In the absence of intensive access to treatment, the losses are expected to increase to 74 million by 2015, which will make the HIV/AIDS epidemic one of the biggest causes of mortality in the world of work. Given these statistics, there is a growing recognition of the impact of the epidemic on national economies.

In recognition of HIV/AIDS as workplace issue, STOP AIDS Now! and Oxfam International undertook an initiative with their counterpart partners in Uganda to address HIV/AIDS in the workplace. SAN! is a partnership between four Co- funding agencies; Hivos, ICCO, Cordaid, Novib(Oxfam Netherlands) and an AIDS specific organization the Aids Fund in the Netherlands. The mission of this partnership is “*working together towards a world without AIDS*”. The objective is to increase and improve the Dutch contribution to the global HIV/AIDS response, summarized as “more and better”. Oxfam International (OI) is a confederation of 12 international NGOs working together. Their mission is reducing poverty and social economic injustices. Oxfam GB and Oxfam Netherlands are the two Oxfam affiliates working in Uganda.

The SAN! project in Uganda aims at facilitating all counterpart organisations to develop and implement comprehensive HIV/AIDS workplace policies including access to treatment, stigma and discrimination reduction strategy. This framework will serve as a guide and reference on the technical approaches to support the SAN! participating organizations on how to manage HIV and AIDS in the workplace.

### **I.1 Response to HIV/AIDS in Uganda**

Uganda is a landlocked developing country covering an area of 241,039 square kilometers and borders with Kenya, Tanzania, Rwanda, the Democratic Republic of Congo and Sudan. Uganda’s economy is predominantly agricultural with the majority of the population dependent on subsistence farming. The post-independence economy has greatly been affected by the civil and military unrest of the 1970s and 1980s. Since 1986, however, Uganda has experienced a growth rate of 6.3% per annum and the annual per capita income US\$ 272 in 2000 (UNAIDS report, 2004). Since 1982 when the first cases of HIV/AIDS were reported in Uganda, a cumulative total of nearly 2.5 million people have been infected with the disease. The epidemic peaked in the 1990s with some centres recording prevalence rates of up to 30% but in June 2002, the HIV/AIDS prevalence rates went down to 5.0% (UDHS, 2004). The success is attributed to intensive HIV prevention and research efforts, strong leadership commitment, national multi-sectoral approach that incorporated private-public partnership and the promotion of “the ABC prevention model”. Other approaches included efforts to reduce stigma, openness on sexual matters, and involvement of PLHA in HIV/AIDS campaigns and improved status of women.

Establishing and promoting HIV/AIDS workplace policies and programs in Uganda is seen as a needed response to a demanding situation. A recent employer survey by Price Waterhouse Cooper revealed that 11% of Ugandan workplaces had policies on HIV/AIDS and the national bill (Law in the making) on HIV/AIDS is not yet in place to reinforce employee workplace rights.

## **1.2 HIV and AIDS as a Workplace Issue**

High incidence of HIV/ AIDS among the productive category of the population (15-49 years) impacts negatively on all forms of organizations. Such impact manifests in multiple ways; staff absenteeism due to illness, attending funerals and caring for sick family members. The employees' absence results in loss of personnel working hours and leads to low productivity. Again, the staffs whose colleagues are infected by HIV/AIDS get equally affected. The loss of trained and experienced personnel means that workplaces face loss of tacit knowledge. In the event of one or more staff being chronically ill or dying, there are risks of increased personnel costs: medical bills, costs related to personnel replacement and burial expenses, which all put strain on limited organizational resources.

In Uganda, it is estimated that HIV/ AIDS related expenses costed the public service sector over 3 billion shillings in 1999, out of which 192 million was estimated to have been spent on burial expenses, subsequently affecting the country's GDP. The epidemic adversely affected the country's labour force, which had an impact on the economic revenues and the overall performance of public sectors including health and education. ([www.avert.org/aids in Uganda](http://www.avert.org/aids%20in%20Uganda)).

As a result of not having policies on HIV/AIDS at the workplace, staff living with HIV/AIDS faces discrimination and stigma. Employees suspected of being HIV positive risk being denied promotion, training opportunities and health insurance benefits. Some employers force early retirement and retrenchment to staff living with HIV/AIDS. There is evidence that discrimination and stigmatization of persons living with HIV/AIDS (PLWA) deters their access to care and support (ILO code of practice,2004). It is in recognition of this that UNAIDS advocates for the Greater Involvement of People living with HIV/AIDS (GIPA). GIPA calls for policies and practices that ensure that PLWA are influencing decisions that affect their lives and this includes employment. In Africa, there is a need to re-examine the basic rights, policies and practices at work because if not addressed, it could undermine efforts to guarantee decent productive and safe working environment.

## **1.3 Project Goal and Objectives**

To reduce the spread and better management of HIV/AIDS issues in the workplaces among participating organizations in Uganda.

### **Specific Objectives**

- To build capacity of participating organisations to increase their understanding, ownership and practices in managing of HIV/AIDS at the workplace
- To support participating organisations to develop and implement comprehensive HIV/AIDS workplace policies including stigma and discrimination strategy.
- To develop a local structures to enforce the linking, learning and scale-up of managing HIV in the workplaces in Uganda
- To establish collaboration on country level for purpose of collective access to care, resource mobilisation, lobby, and advocacy on key HIV/AIDS workplace policy issues and information sharing
- To develop a Monitoring and Evaluation tool for managing HIV/AIDS in workplace to measure project processes and impacts.

## **2. Project Development**

### **2.1 Project Rationale**

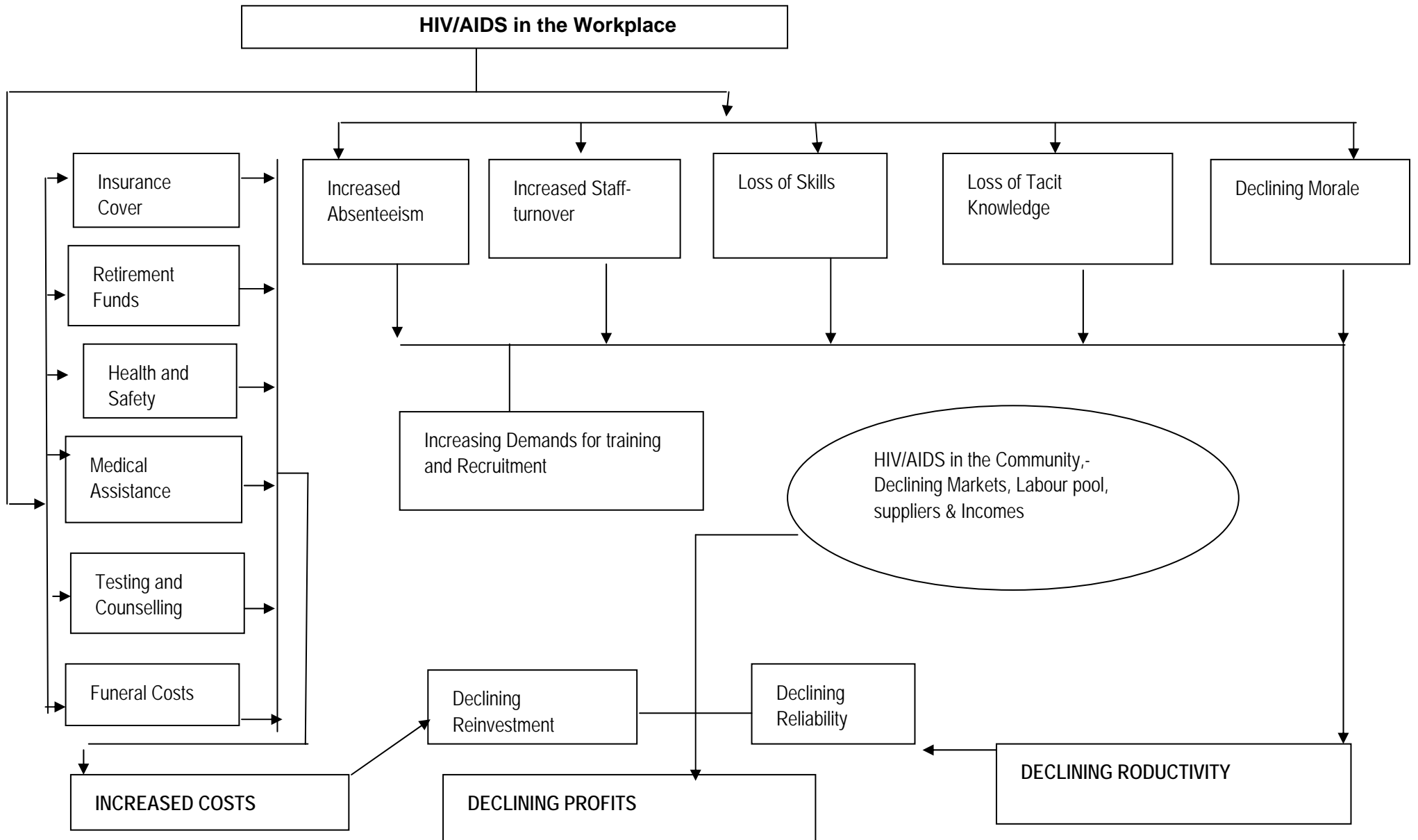
Because of the complexity of HIV/AIDS within the workplace context and the potential for discrimination due to misinformation that continues to exist, it is necessary that NGO's develop a HIV/AIDS workplace policy. A comprehensive HIV/AIDS workplace policy defines an organization's position and practices for preventing HIV transmission and for handling HIV infection among staff. The policy provides guidance for employers and employees on how to deal with HIV/AIDS at workplace and informs staff about their responsibilities, rights, benefits and expected behaviour towards fellow employees. A safe working environment that does not

tolerate discrimination and openly supports HIV/AIDS prevention efforts will help reduce the stigma surrounding HIV/AIDS. Workplace programmes should therefore be incorporated in human resource management strategies.

With good Donorship guidelines we hope to clarify the donor's position on the support to the implementation of comprehensive workplace policies of local NGO's. Arguments for local NGO's to start developing and implementing comprehensive workplace policies include:

- Staff of local NGO's that work in high prevalence areas are vulnerable to HIV/AIDS and NGO's have the responsibility to disseminate information and give insights in the risks of the pandemic,
- Comprehensive workplace policy will help to mitigate the impact of HIV/AIDS on an organization.
- Local NGO's are realizing that the workplace can, and should, play a role in helping to tackle the HIV/AIDS epidemic
- If local NGOs want to be credible with government, donors, partners and communities they need to give the example by addressing HIV/AIDS internally in a way that is consistent with their external messages
- Staff capacities are a local NGOs key asset. High turnover on staff because of HIV/AIDS can erode programme effectiveness
- Ethical reasons, if NGOs are to lobby effectively on ethical issues they need to be at the forefront of best practice;
- NGOs staffs have a larger outreach that goes beyond their workplace. NGO managers and workers are leaders in their communities and therefore are in better position to take the leadership responsibility and reaching into communities through their companies during and after their workday. This social commitment and responsibility towards the HIV/AIDS epidemic and mitigating the impact would increase if there is an HIV/AIDS workplace policy in place.

**Figure 1: Impact of HIV/AIDS in the Workplace**



## 2.2 Project Approach

The SAN /OI development project on *Managing HIV/AIDS in the Workplace* is divided in three sub-projects including:

**Good Donorship;** this Sub-project works towards the development and implementation of a supportive policy of the four CFA-SAN Partners of Cordaid, Hivos, Novib (Oxfam Netherlands) and ICCO. Participating SAN! counterpart partners will be encouraged to define their expectations to their donor organisations, with regard to mainstreaming of HIV/AIDS in their workplaces. This *Sub-project* will result into SAN! partner organizations have clear donor guidelines in regard to supporting the implementation of HIV/AIDS workplace policies. Secondly, the donors will have an understanding on the need for 'good donorship' to local organisations within the context of HIV/AIDS.

**Workplace Policies;** this Sub project works towards the development and the implementation of workplace policies of partner organisations in Uganda. Uganda was chosen as a high-prevalence country A strategy on how to cope with stigma and discrimination in the workplace shall be developed as part of this project. Participating SAN! counterpart organisations are required to be committed to developing and implementing a workplace policy. The result of *this Sub-project* will be that each local counterpart organization will develop and implement their own comprehensive workplace policies that include access to treatment and stigma and discrimination reduction component.

**Communication;** strategic partnerships by SAN! Counterpart partner organisations shall be encouraged to work together and advocate towards government and national health programs on issues related to HIV/AIDS and workplace policies. This will be done through communication and dialogue between the above two sub-projects. To improve communication and information sharing, a website will be introduced. The results of this *Sub-project* will be the mutual understanding of shared ownership and responsibility towards the supportive policies of donors and the workplace policies of partner organisations.

## 2.3 Project Planning Process

The importance of addressing HIV/AIDS in the work place for SAN! Partners were conceived from the effects and impact the epidemic has on organizations in theory. Most SAN! partner organizations as well as their donors were silent about the effects HIV/AIDS has on their organization. The need to address staff needs has become increasingly evident. Individual partner organizations began developing responses to the epidemic basing on the needs arising among staff. Following the inception of a pilot project on managing HIV/AIDS in Uganda by SAN! OI, the different NGO s in Uganda were given the opportunity to work together in responding to the challenges associated with HIV/AIDS in the work places.

The inception meetings held with SAN! participating organizations, government departments, development partners and legislative departments in June 2005, later culminated in the development of a first phase of activities (July to December 2005). The objective of the meeting was to sensitize organizations and learn the rationale for having HIV/AIDS workplace policies in their organizations as well as understanding the level at which different organizations have developed responses to the epidemic within their work places. About 80 organizations with their back donors in the Netherlands were invited and about sixty are now participating in this project. Though, some of the partners had initiated responses to HIV/AIDS at the Workplace, they were at different levels of operation.

A coordinator who is hosted by ACORD implements the project work plan. The coordinator works with a Local Project Group composed of participating nine NGOs with experience in responding to HIV/AIDS in their work places. The LPG has been responsible for developing the project document and formulating guidelines for project implementation. As part of project implementation phase, a series of meetings with the LPG and organization management heads have been held.

The lessons learnt from the consultative discussions are presented below:

- Managing HIV/AIDS at the workplace is a process covering different stages; Policy development, Delivery mechanism, Implementation, and Organizational learning.
- Workplace Policies are not necessarily costly; there are aspects that do not require a lot of funds for implementation. Organizations need to establish a supportive environment at workplaces to encourage staff to declare their status.
- In Uganda, there are health insurance schemes, which could be encouraged to include HIV/AIDS care services.
- Executing HIV/AIDS workplace policies brings the challenge of maintaining confidentiality at the workplace. Currently, there is limited experience of implementation of the HIV/AIDS workplace policies.
- Success factors for institutional HIV/AIDS workplace policies would include buy-in and leadership from the top institutional management when developing a HIV/AIDS workplace policy. Good HIV/AIDS policies must be sensitive to gender issues and should take into account the organizational values and principles.

### 3. Project Implementation

#### 3.1 Project Scope

The project scope is divided into an inner circle of participants and wider circle of stakeholders. The participants in the inner circle take direct part in the project development and implementation. The wider circle are stakeholders that have a service delivery, learning or advisory linkage with the project. *The inner circle includes; SAN! partners (Hivos, Cordaid, ICCO, Novib and the AIDS Fund) and the participating local counterparts in Uganda are organised as a Local Project Group that oversees the project implementation process.(Refer to LPG key responsibilities). The Wider circle in the Netherlands includes; the Dutch Co-Funding Agencies, and the Ministry of Foreign Affairs. While for Uganda it Includes; HIV/AIDS service organisations, medical service providers, local/ district/ regional government, insurance companies, (deliver their services to the NGO staff), central government, Dutch Embassies, Private Sector, local NGOs who have interest in HIV/AIDS and Communities.*

#### 3.2 Project Implementation Guiding Principles

The SAN! Project specifically addressed issues related to managing HIV/AIDS in the workplace. To achieve the stated goal, the following principles guide the workplace policy development and implementation<sup>1</sup>:

- Addressing HIV/AIDS as a development and workplace issue.
- Working within the rights based approach.
- Greater involvement of people living with HIV/AIDS (GIPA).
- HIV/AIDS workplace programs that are sensitive to gender and cultural analysis.
- Evidence based policies and practices, linking and learning.
- Partnership building and networking at local, national and global levels.
- Maintaining the institution's core business while ensuring a supportive. environment for the provision of HIV/AIDS preventive services, care and support of employees living with HIV/AIDS.
- Working within National HIV/AIDS strategic policy framework.
- Linking lessons learnt from the project to policy at local, national and global levels.
- Institutional leadership to lead the management of HIV at the workplaces.

---

**Source: ILO Code of Practice**

### 3.3 Project Capacities and linkages

#### Strengths and Opportunities

- SAN Initiative and commitment to good donorship (donors have shown good commitment).
- Availability of HIV/AIDS mainstreaming experiences from the regional HIV program in East and Central Africa.
- The SAN!'s more than 60 counter part partners in Uganda have varied programming approaches, experiences on care and support for PLWA and competencies in HIV/AIDS education which will be used in the project implementation.
- Possibility of linkage with existing and new regional and global initiatives through the SAN/OI partnership.
- The LPG organisations in Uganda have years of experience on managing HIV and the workplace.
- The operation research that runs along side project implementation will help to guide the implementation process.
- Partnership with Government, private sector, ILO, AIDS service organisations and PLWA.
- Donors willingness to open up dialogue on HIV/AIDS workplace management.

#### Challenges

- Most SAN /OI counterpart organisations are at different levels of HIV/AIDS workplace policy implementation and this requires continuous monitoring and consultations.
- HIV/AIDS mainstreaming is still evolving and best practices are not well documented. The SAN! approach may be overtaken by other workplace needs due to changing demands
- Leadership of senior management of counterpart organisations to commitment to the process of managing HIV/AIDS in the workplace may be difficult to sustain.
- Difficulty in maintaining an efficient network and partnership among the participating organizations.
- Lack of national bill on rights of employees living with HIV/AIDS makes it difficult to enforce the policy guidelines.

The above project strength and opportunities are very important factors in the implementation process. They give weight to the project and indicate the existing non-monitory resources that could be exploited in the project implementation phase. The challenges must be avoided and where they occur, plans to overcome them are in place.

## 4. Project Funding and Management Plan

The pilot project in Uganda is funded primarily by SAN Co-Funding Agencies based in the Netherlands and operated with external assistance from HIVOS, Cordaid, Novib, ICCO and Aids fund. Secondly, the SAN/OI member organisations will integrate funding of managing HIV/AIDS workplace policy implementation in routine donor agreements.

The LPG and Project Coordinator will explore the established network of local and access to international resources in Uganda. At the same the area of collective access to care like insurance will be explored.

Participating organisations through networking will be encouraged to share the available resources like information documents and access to training and treatment. The memorandum of understanding will be signed between the project and participating organizations and will detail the key activities and the available resources. Staff from organizations with free time and willing to participate in project development and implementation will be encouraged to do so. This will reduce on the expenditure costs on these activities.

#### 4.1 Project Support Activities

The project will support SAN/OI counterpart partner organisations in the process of developing and implementing a workplace policy, define how to access HIV/AIDS resources and services when needed, coordinate learning events, trainings, adoption, development and dissemination of policy and programming guidelines. This will be done through sensitizations, lobbying, networking and negotiating with participating organizations, development partners identified and government. The project will facilitate linkages between participating organizations and operational researchers, knowledge management, linking and joint learning. This will be translated into cost such as; human resource requirements (coordination and programme implementation), communication costs (capturing events, communicating learning, monitoring, research, writing best practices).

#### The key project activities in Uganda include:

- Baseline survey. This will involve the development of data collection tools, data collection, analysis and dissemination of findings.
- Training Workplace HIV/AIDS Peer Educators (selection, developing training guide, training, support and supervision).
- Leadership trainings on managing HIV/AIDS at the workplace (involving senior management, focal point staff).
- Technical support to partner organisations at the workplaces.
- Supporting partner organisations to develop their own workplace policies (review the process, policies, advice, sharing information, needs identification and referrals)
- Participating in organisations' workplace activities
- LPG coordination meetings.
- Participating in National/International HIV/AIDS events.
- Networking with local, regional and international HIV/AIDS conferences
- Linking with operational research process
- Knowledge management (planning and implementation of monitoring & evaluation, reports).
- Advocacy planning and implementation.
- Arrangements for Voluntary Counselling and Testing.

#### 4.2 Knowledge Management Plans

Evidence based policies will be used to inform program development. A baseline survey with partner institutions will be conducted. Institutional needs assessment will also be done at onset of the project. An ongoing operation research in partnership with academic and research institution has been commissioned to accompany and inform the project implementation. All project milestones will be developed and captured for learning purposes. A monitoring and evaluation tool will be developed to follow and used in the mid-term review and end of project evaluation.

## **5. Project Management Structure**

The SAN! Project initiative in Uganda is run under the network of participating organization (refer to attached annex I). The coordination office, hosted by ACORD-HASAP Uganda is headed by a project Coordinator. The Project Coordinator works in contact with the SAN Project officer based in the Netherlands. The LPG committee that represents the participating organization on this project oversees the implementation process.

### **5.1 The Local Project Group (LPG)**

The local Project Group (LPG) is composed of local NGOs that were selected through Consultation and consensus by the SAN/ OI participating organizations in the project. The LPG membership include; TTP, CDRN, CONCERN, ACORD, OXFAM GB, UCS, Health Needs Uganda and NAPHOPHANU. The LPG makes decisions and ensures their Implements in consultation with the Project Coordinator, Oxfam International and SAN representatives. The Community Development Resource Network chairs the

Functioning of the LPG, while ACORD hosts the project office and takes the administrative Responsibility over the project. The specific roles played by the Local Project group include: developing and periodical review of country working strategy, monitoring the implementation process, developing research and advocacy strategies, review reports, knowledge management, linking and learning, carry out quarterly reviews of progress, recruit and appraise the coordinator.

### **5.2 Project Sustainability**

The SAN! Project is a two-year initiative in Uganda targeting the organizations that have their back donors in the Netherlands. It is hoped that by the end of the project, organization will be able to integrate the positive workplace policy aspects into their program mainstreaming.

Organizations will be able to attract funding on their own through incorporating HIV/AIDS mainstreaming in the organization plans. The insurance companies and the health Providers will be interested to participate in this initiative because partly they can benefit from the venture. The experience in Uganda will help to replicate the management of HIV/AIDS in the workplace policies.

## References

2005, SAN!- Reports strategic partner's meeting.

2005, SAN-Proposal on Managing HIV/AIDS at the Work place.

June 2005, United Nations, Secretary General's press release on HIV/AIDS and MDGs.

2004, Kivumbi Nkalubo H, HIV Prevention Interventions Targeting Out-of-School Urban Slum Youths: An Exploratory Descriptive Study from Kampala Uganda.

2003, Oxfam International RST in East and Central Africa, Regional HIV/AIDS Strategic business plan

2003,[http://www.unaids.org/html/pub/Topics/Partnership-Menus/PDF/WORKPLACE\\_AFRICAbusiness\\_en\\_pdf.pdf](http://www.unaids.org/html/pub/Topics/Partnership-Menus/PDF/WORKPLACE_AFRICAbusiness_en_pdf.pdf)

2002, Novib, Linking AIDS with Poverty, Gender and Sexuality

2004, UNAIDS, Report on the Global HIV/AIDS Epidemic

2002, Oxfam GB, Proposed Workplace Programme on HIV/AIDS

**Annex: SAN! Project Log frame**

<b>Project Goal:</b> Reduced spread and better management of HIV/AIDS issues in the workplaces among participating organisations in Uganda.			
<b>Purpose:</b> To facilitate SAN! partners in Uganda to develop, own, integrate and implement comprehensive HIV/AIDS workplace policies			
<b>Outputs:</b>	<b>Verifiable Indicators</b>	<b>Means of Verification</b>	<b>Key Assumptions</b>
I. Comprehensive HIV/AIDS workplace policies for participating organisations developed and implemented	<p>2/3 of participating organisations operationalising their HIV/AIDS workplace policies to address issues of prevention care and support by July 2007.</p> <p>More than 70% of 2/3 of staff of the participating organisations <i>satisfied</i> with HIV/AIDS workplace policy development and implementation.</p> <p>2/3 of participating organisations with functional HIV/AIDS staff support structures (e.g. committee).</p> <p>2/3 of participating organisations with budgets, human resource and time allocated to HIV/AIDS workplace support activities</p> <p>2/3 of participating organisations conducting awareness sessions for their staff and families.</p> <p>All participating organisations are able to develop policies and apply them for internal mainstreaming.</p>	<p>Quarterly reports produced by the participating organisations.</p> <p>Discussions and visit reports from the staff of the participating organisations.</p> <p>Minutes of internal meetings by the structures in the organisations.</p> <p>Session reports produced by the organisations</p>	<p>Stigma and discrimination will be comprehensively addressed by the policies developed.</p> <p>Donors and or government will provide adequate funds to support the implementation of all aspects of the policies developed by respective organisations.</p> <p>All participating organisations commit their time, resources to implementing their policies</p>

<b>Outputs:</b>	<b>Verifiable Indicators</b>	<b>Means of Verification</b>	<b>Key Assumptions</b>
2. Understanding and practicing internal mainstreaming by participating organizations	<p>Definition and number of functional policies implemented by organizations</p> <p>Organizational internal processes captured and shared</p> <p>HIV/AIDS workplace advocacy issues identified by July 2007</p> <p>HIV/AIDS policies incorporated in human resource policy for participating organization</p>	<p>Strategic plans and documents produced.</p> <p>Periodic reports about the progress and use of policy guidelines</p>	<p>All staff of participating organization involved in the HIV/AIDS mainstreaming process</p> <p>The participating organisations will be committed to achieving the project objectives within the set time frame.</p>
3. Developed structure to enforce the linking, learning and up scaling the management of HIV/AIDS at the workplace in Uganda	<p>Linkage and learning structures established within the organizations by 2008</p> <p>Research findings incorporated in the project.</p>	<p>Periodic reports on the basic practices, knowledge generated and lessons learnt on regional structures shared with partners.</p> <p>HIV/AIDS policies incorporated into human resource manuals</p>	<p>Required resources available in time</p> <p>Conditions favouring timely formation and functioning of the regional networks will exist.</p>
4. Established Collaboration on country level in regard to resource mobilisation, information sharing and advocacy on key HIV/AIDS policy issues	<p>Number of organizations participating in the SAN! being supported</p> <p>The networks the SAN /OI /LGP are subscribing to and participating in within Uganda and outside by July 2007.</p>	<p>Discussions with members in the collaboration team</p> <p>Project reports/video/ films/catalogues produced by participating organizations. Advocacy plans/ issues being addressed</p> <p>Plans and budgets of the organisations.</p>	<p>The working environment for CSO networks will be conducive for collaboration and advocacy on HIV/AIDS issues identified by partners</p> <p>Able to get competent and ready organizations to work with SAN! lobby and advocacy issues</p> <p>Key barriers to collaboration identified and addressed</p>
5. Usable Monitoring & Evaluation	Number of participating organizations using	M&E framework document in place.	The participating organizations will be

Framework for HIV/AIDS in the workplace developed.	the developed M&E framework.	Baseline survey, Midterm review and final evaluation reports	committed to achieving the project objective within the set M&E framework
--	------------------------------	--	---

<b>Outputs:</b>	<b>Verifiable Indicators</b>	<b>Means of Verification</b>	<b>Key Assumptions</b>
6. Operation Research on management of HIV and AIDS in the workplace formulated and carried out	Baseline survey, Midterm review and final evaluation reports disseminated.  Research reports disseminated.	<ul style="list-style-type: none"> <li>• Reports of operational research</li> </ul>	<ul style="list-style-type: none"> <li>• Researchers and respondents agree to cooperate and are willing to share their authentic findings</li> </ul>
<b>Activities</b> <b>I. Research and Capacity Building</b> Formulating research question Conducting baseline survey and operation research Dissemination of research findings Capacity building for organizations Developing workplace policies Training peer educators Developing an information database system Support-supervision visits	<b>Inputs</b> Capacity building funds Human resource (Coordinator & Consultants) Capital equipment Survey & Operational research funds Travel & upkeep facilitation Costs of rappoteuring Workshop funds	<b>Verifiable Indicators</b> Project Work plan Field visits Activity reports Quarterly reports Annual reports Monitoring reports Data base Workplace guidelines Peer education model Research findings	<b>Assumptions</b> Competent Staff recruited & in place Availability of finances Willingness to cooperate by participating organizations
<b>2. Lobbying &amp; advocacy</b> Documentation and sharing of best	Do	Advocacy issues identified	Willingness by development partners to

practices in the management of HIV/AIDS Lobbying & advocacy Networking		Development partners brought on board	cooperate
<b>3. Communication &amp; Learning</b> Formation of in country forum for linking and learning Conducting in country linking and learning workshops Holding annual national linking and learning events Participating in Regional SAN! working group meetings Linking with other networks outside Uganda	Do	Country Project Document in place Learning and Linking workshops held Regional meetings	Availability of finances
<b>4. Project Coordination</b> Conducting LGP review meetings Identifying advocacy issues Development and implementation of joint advocacy plan Launching the Project Participating in strategic networks of HIV/AIDS Developing funding proposals	Do	Monthly LPG meetings Guide on advocacy issues Project launch function MOU developed and signed Regional and national visits	Cooperation and interest on the project maintained.

Signing the MOU			
Conducting regional & national visits			
<b>5. Project Monitoring and Evaluation</b>	Do	M& E reports M&E framework guide	Proper planning is in place
Conducting SAN!/ LPG meetings			
Developing M&E framework.			
Monitoring & Evaluation visits			
Reporting			
Documentation & Dissemination			

STOP AIDS NOW! aims to expand and improve the Dutch contribution to the global fight against AIDS. In STOP AIDS NOW! five organizations, Aids Fonds, Hivos, ICCO, Memisa (Cordaid), and Novib have joined forces.

STOP AIDS NOW! aims to:

- \* Raise funds in order to contribute to more AIDS projects in developing countries.
- \* Obtain political and public support for the battle against AIDS, both nationally and internationally.
- \* Innovate or redefine existing strategies and to establish new forms of cooperation in order to improve the response to HIV/AIDS and to meet the needs of people affected by HIV/AIDS

